

<div style="display: inline-block; width: 100%;"> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> </div> <div style="text-align: right;"> <div style="border-bottom: 1px solid black; width: 150px; margin-bottom: 2px;">SERIAL NO.</div> <div style="border-bottom: 1px solid black; width: 150px; margin-bottom: 2px;">FILING DATE</div> <div style="border-bottom: 1px solid black; width: 250px; margin-bottom: 2px;">APPLICANT(S)</div> </div> </div> </div>						
CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						